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Occupational Health 2015

Development Strategy for Occupational Health Care

MINISTRY OF SOCIAL AFFAIRS AND HEALTH

Helsinki, Finland 2004

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SUMMARY

Government Resolution Occupational Health 2015 – *Development strategy for occupational health care. Helsinki 2004. (Publications of the Ministry of Social Affairs and Health, ISSN 1236-2050, 2004:5) ISBN 952-00-1488-8*

The Government Resolution *Occupational Health 2015* outlines national measures and responsibilities of various actors in maintaining the health and working capacity of employees for the purpose of improving the quality of working life. The strategy focuses on improving the quality of working life, maintaining and improving working capacity through enhancement of preventive measures, and safeguarding comprehensive high-quality occupational health care services. The Resolution includes ten lines of development with one or more primary responsible bodies, partners and procedures defined for each.

The Resolution was prepared by the Advisory Board on Occupational Health Care.

Keywords:
health care, occupational health, occupational health care, working capacity

Government Resolution Occupational Health 2015 – Development strategy for occupational health care

The development of occupational health care has been based on the occupational health care agreement signed by the major labour market organizations in 1971, the Occupational Health Care Act of 1978, and the amendments made to that Act and other legislation in the early 1990s. The Primary Health Care Act of 1972 and the amendments thereto enacted in 1978 linked occupational health care to primary health care. Changes in content have been caused by the agreement signed by the labour market organizations in the early 1990s concerning promotion of activities to maintain working capacity and the consequent inclusion of activities to maintain working capacity in occupational health care legislation. Good occupational health care practice was defined as the main principle in occupational health care in the revision of the compensation system in occupational health care in 1994.

The revised Occupational Health Care Act that came into force at the beginning of 2002 subsumes the above principles with further specifications. The new Occupational Health Care Act emphasizes the maintenance and promotion of the health and working capacity of employees throughout their careers. The Act also takes into account the requirements caused by the new Constitution and the revised legislation concerning personal data and openness of government activities.

Finland ratified the ILO Occupational Health Services Convention No. 161, complemented by ILO Recommendation No. 171, in 1987. The Advisory Board on Occupational Health Care at the Ministry of Social Affairs and Health prepared the national occupational health care policy document called for in the ILO Convention. The document on the national lines of development in occupational health care was adopted by the Government as a Gov-

ernment Resolution in 1989. The ILO Convention and Recommendation involve a principle of continuous development, and accordingly a commitment was made to revise the lines of development at suitable intervals.

The implementation of the lines of development was evaluated in 1998. The results showed that the targets had largely been achieved. However, there were still current development needs due to substantial changes occurring in working life.

The Government Resolution *Occupational Health 2015*, Development strategy for occupational health care was prepared by the Advisory Board on Occupational Health Care appointed by the Government and representing agencies and institutions in the relevant administrative sectors, organizations important in the provision of occupational health care, and the major labour market organizations.

Wellbeing at work and remaining at work longer than before requires a sufficient supply of occupational health care professionals and experts and improvement of education, the occupational health care service system and occupational health care content so as to make sufficient high-quality occupational health care services available to all employees, entrepreneurs and other self-employed persons. It is also important to maintain the health and working capacity of the unemployed to help them find employment. These targets require an increase in allocations from the State budget and investments on the part of occupational health care service providers in the development of the content and functioning of their services. The effectiveness and functioning of occupational health care require employers and employees to commit to a healthy and safe working life.

This development strategy cannot cover all aspects of working life, given the constant state of flux in which society, the environment and working life exist. Changes in working life may cause changes in the emphasis in these lines of development in the near future.

The Government hereby adopts the development strategy presented in *Occupational Health 2015* as a Government Resolution, considering it important that the actors and partners named therein participate in the implementation of this development strategy. The Ministry of Social Affairs and Health will coordinate and monitor its implementation and the attainment of targets.

Helsinki, January 29, 2004

Liisa Hyssälä
Minister of Health and Social Services

CONTENTS

Development strategy for occupational health care

Developments in occupational health care will be pursued on the tripartite principle as part of Finland's social and health policy. The health and safety of work, the working environment and the workplace community will be developed to function better. Efforts will be made to maintain and promote the health and working capacity of employees. Top-level services that are comprehensive in terms of content and quality will be produced cost effectively for companies, employees, entrepreneurs and self-employed persons.

The implementation of the Occupational Health Care Act will be backed up by the 10 key lines of development listed below with preparatory material given in chapters 1-5.

Line 1 Legislation

The revised legislation on occupational health care will be enforced. Two new acts will be drafted; one on the use of government subsidies needed to improve training for physicians specializing in occupational health care, and one amending the Health Insurance Act to improve compensation for the costs of occupational health care. Guides and instructions will be drawn up to help implement the legislation on occupational health care.

Occupational health care legislation will be developed to take account of the changes in working life and the labour force, and Finnish, EU and international legislation.

> *The Ministry of Social Affairs and Health is responsible for the preparation and development of legislation on occupational health care in collaboration with the labour market organizations and other partners important for occupational health care.*

Line 2 Occupational health care content

The content of occupational health care will be overhauled on the basis of the changing needs of working life, research data and new methods, using a multi-disciplinary approach.

The content, quality and operating modes of occupational health care will be developed to respond to new needs as a part of overall development in working life and as a part of primary health care and occupational health and safety.

Occupational health care will be implemented as a broad-based process covering the evaluation of occupational health care needs on the basis of risk assessment at the workplace, problem prevention, promotion of health and working capacity and developing the working environment and the workplace community.

Occupational health care will focus on the following areas: prevention of illnesses associated with work and industrial injuries, health monitoring and promotion at the workplace and early recognition of the threat of incapacity for work.

The Ministry of Social Affairs and Health, the Institute of Occupational Health and the expert organizations in collaboration with the occupational health care units will develop the content of occupational health care and high-quality procedures to implement good occupational health care practice taking different types of employment relationship into account.

A good deal of emphasis in occupational health care will be placed on activities at the workplace and strengthening cooperation between occupational health care and the workplace.

Practical methods of occupational health care will be developed, evaluated and verified, and training will be provided to support their adoption.

Good evidence-based practices in occupational health care will be evaluated and developed.

Line 3 The occupational health service system

The occupational health service system will be developed so that everyone in working life will have equal access to services. In the organization of services, special attention will be given to securing occupational health care services for employees in atypical employment relationships and in small workplaces, and for entrepreneurs and self-employed persons. In organizing occupational health care services, sufficient personnel resources and cooperation with other branches of health care will be ensured. In order to boost the sufficiency of occupational health care services, municipalities will increase mutual cooperation and different occupational health care service providers will collaborate to improve the availability of services.

The Ministry of Social Affairs and Health, the State Provincial Offices, the municipalities, the Occupational Safety and Health Inspectorates, the Institute of Occupational Health, occupational health care units and other branches of health care will collaborate to ensure that occupational health care services are comprehensive and easily accessible for employers, employees, entrepreneurs and self-employed persons.

Regional cooperation projects between municipalities and service providers will be launched within the occupational health service system.

When occupational diseases are suspected, access to examination will be guaranteed independent of industrial sector, trade or profession, or locality.

The support services needed to implement occupational health care services will be of high quality and produced throughout the country on a comprehensive regional basis using the network of the regional institutes of occupational health and other networks and partners that operate regionally.

Line 4 A funding and compensation system for occupational health care

The application of the Occupational Health Care Act and the implementation of occupational health care will be supported by a funding and compensation system for occupational health care. The adoption of alternative compensation models will be studied when compensation cannot be efficiently handled within the framework of systems for employers and entrepreneurs. A funding and compensation system will be developed that not only takes into account different types of employment relationship, the potential special needs of certain sectors, but also emphasises preventive action in occupational health care. The funding system for entrepreneurs will be investigated.

The Ministry of Social Affairs and Health and the Social Insurance Institution will collaborate with the labour market organizations to develop a funding and compensation system to promote the effectiveness of occupational health care in the workplace.

The compensation side will be developed so that it supports a flexible provision of services.

Line 5 Human resources in occupational health care

The volume and quality of human resources in occupational health care will be ensured by scaling the number of those to be trained to correspond with the need and by overhauling the content of the training. In developing occupational health care training, attention will be paid to a multi-disciplinary approach and multi-skilling so that these will be adopted in the planning, implementation, development and monitoring of occupational health care.

The extent of the range of services will be supported in collaboration with the Institute of Occupational Health, the universities and polytechnics and other partners.

Training programmes will be drawn up for all the experts required by the Occupational Health Care Act.

The quality of the training and the qualification of the persons trained will be ensured by overhauling the training programmes, and by examinations and certificates.

Training for instructors in the sector will be improved.

The Ministry of Social Affairs and Health and the Ministry of Education in collaboration with other partners will take care that the human resources for occupational health care are sufficient and will also ensure that there is sufficient funding for occupational health care training so that occupational health care can be implemented according to good occupational health care practice.

The professional skill of occupational health care personnel will be supported according to Ministry of Social Affairs and Health instructions on further education.

Line 6 Ethics of occupational health care

Following ethical principles in the implementation of good occupational health care practice will be supported and made more effective.

The Ministry of Social Affairs and Health, the Institute of Occupational Health, the Finnish Association of Industrial Medicine, the Finnish Association of Occupational Health Nurses and expert organizations in the field of occupational health care will cooperate with the labour market organizations to increase the effectiveness of continuous education on ethical issues and dissemination of information.

Guidelines on professional ethics for occupational health care professionals and experts will be overhauled.

There are provisions on the use of information on the health of employees and passing it on to another party in legislation for which implementation instructions are now being drawn up. While information on the health of private individuals is being protected it will also be made available for use in occupational health care, if necessary.

The right of employers to obtain information and the responsibility to provide information on health and dangers to health in the workplace will be secured in such a way that the privacy of the individual is not endangered.

The right of the employee to be made aware of the risks associated with occupational health and safety and the right to information on his or her own health will be guaranteed.

Line 7 Cooperation

Cooperation on occupational health care issues between the parties and with outside partners will be promoted by joint training organized for the various professional groups involved in occupational health care and the different parties at the workplace, using model procedures and partnership networks.

The Ministry of Social Affairs and Health, the Institute of Occupational Health, the State Provincial Offices and the occupational safety and health authorities in collaboration with the health services will support cooperation as required by the Occupational Health Care Act.

Workplaces and occupational health care units will incorporate cooperation as a part of planning and it will be taken into account in the assessment of operations. Cooperation between occupational health care and other branches of health care, the labour administration, the education administration, the social insurance system, the social services and the occupational safety and health authorities will be made closer and more effective.

Cooperation models will be developed for joint occupational health care in workplaces.

Line 8 Information management systems in occupational health care

Information management systems for occupational health care will continue to be developed and their introduction will be supported and encouraged.

The Ministry of Social Affairs and Health will coordinate the development of information systems in collaboration with institutions in the sector. Information systems and tools to assist in planning, implementing and monitoring operations will be introduced in occupational health care.

Registration and the use of statistical material and databases in the sector will be promoted by increasing user friendliness and cooperation in maintaining registers.

Linking occupational health care with information technology and Internet projects in the social and health care sector will be supported.

External expert services and information services that support occupational health care will be further developed as Internet services to be used by experts and workplaces.

Line 9 Research and development in occupational health care

Research and development work in occupational health care will be aimed particularly at the content of occupational health care, the functionality of the service system, development and quality of methods, economic impacts, and research on effectiveness and evaluation.

The Institute of Occupational Health, the Ministry of Social Affairs and Health and the Social Insurance Institution in co-operation with the universities and other research institutes and key stakeholders will continue research and development work on occupational health care and agree on joint research programmes and cooperation with other programmes.

Research-supported experiments will be launched to develop occupational health care for special groups, small workplaces and self-employed persons.

The impact of occupational health care on wellbeing at work and remaining at work will be examined in an evaluation study.

The economic impact of occupational health care will be studied.

The service system will be developed with the aid of research interventions.

Line 10 Monitoring and supervision

The Ministry of Social Affairs and Health, the State Provincial Offices and the occupational health and safety authorities will monitor the implementation of occupational health care legislation. Partners will be committed to implementing the lines of development and reporting their activities to the Ministry of Social Affairs and Health.

At specific intervals, the Advisory Board on Occupational Health Care will draw up a report on the adoption of occupational health care legislation, the implementation of lines of development and progress in equality. The board will make proposals for any necessary amendments in occupational health care legislation and the emphasis of occupational health care development.

The Ministry of Social Affairs and Health will be responsible for monitoring the implementation of the development strategy in occupational health care.

The Institute of Occupational Health will produce information on more detailed monitoring of the Occupational Health Care Act and the development strategy using the 'Työ ja terveys Suomessa' (Work and health in Finland) and the 'Työterveyshuolto Suomessa' (Occupational health care in Finland) surveys, plus research and statistics on working life and working conditions. The Social Insurance Institution will produce information on the operation of occupational health care using data obtained through the compensation system.

Implementation, actors and financing

The development of occupational health care is part of the development of working life as a whole. It also forms part of primary health care for the working-age population. Because of this, there is a large number of actors with a multitude of responsibilities, and consequently the various parties must cooperate in the implementation of each line of development. However, certain special responsibilities and a need for task distribution can also be identified. The Ministry of Social Affairs and Health has the main responsibility in the implementation of the development strategy. Other major actors and partners are the Ministry of Labour, the Ministry of Education, the Ministry of Trade and Industry, the labour market organizations, the Social Insurance Institution, the research and development institutions in the sector, the State Provincial Offices, the training institutions in the sector, businesses, local authorities, occupational health care expert organizations and units responsible for occupational health care and other health care.

Implementation of the development strategy regarding the content, training, service system, monitoring and other aspects of occupational health care require a progressive allocation in the State budget framework and future budgets as follows: EUR 2,820,000 in 2005, EUR 3,645,000 in 2006, EUR 3,900,000 in 2007 and EUR 3,900,000 in 2008. EUR 2.7 million of the annual allocation will be used to cover the costs of occupational health care specialist training.

Decisions regarding the financing of the National Health Care project will take into account occupational health care service system development projects. Promoting health and working capacity will be taken into account in the distribution of EU financing.

A tripartite occupational health care implementation plan will be approved for the development strategy, specifying the component areas, actors, funding and timetables.

Preparatory material for the Government Resolution

1. Basis for the development strategy

Occupational health care is an important part of health and social welfare policy and of the health and social service system. Occupational health care supports the maintenance of health and working capacity at work, improves the quality of working life and promotes safety so as to give effect to the high standard of protection of employees enshrined in EU legislation. At the same time, occupational health care supports the prolonged full participation of employees in working life.

The Finnish national development strategy relies on expertise, high-quality products, the productivity of labour and competitiveness. Working life is an important part of the life of all citizens, and it should thus be improved in accordance with the objectives set for a welfare society.

Occupational health care has been developed in cooperation between the authorities and labour market organizations as required by changes in working life. These needs for change have been taken into account in revising occupational health care legislation.

According to the Occupational Health Care Act, employers are required to provide occupational health care services for their employees. The occupational health care compensation system supports the attainment of the aims of the Occupational Health Care Act and the provision of occupational health care services for all employees in all workplaces. In order to be successful, occupational health care requires all parties to commit their support to promoting the healthiness and safety of the workplace, taking into account all factors that influence the maintenance and promotion of health and working capacity.

According to the Occupational Health Care Act, entrepreneurs and other self-employed persons can provide themselves with statutory preventive and health-promoting occupational health care services.

The Government Resolution *Occupational Health Care 2015* takes into account the development targets of health and social welfare policy and of working life, and reforms in pensions policy that have introduced numerous new duties and challenges into occupational health care. Responding to these new duties and challenges requires development of occupational health care in terms of quality and content, and sufficient resources to undertake this.

The preparation of this document incorporated the Ministry of Social Affairs and Health Strategies for Social Protection for 2001-2010, the Health 2015 public health programme, the Occupational Injury Prevention programme 2001-2005, the VETO (work attraction) programme 2003-2007 and the National Health Care project, the Ministry of Labour TYKES programme (workplace development programme for the improvement of productivity and the quality of working life), and the following communications of the European Commission: new occupational health and safety strategy for 2002 – 2006, employment and social policy, investment in quality, the Commission's Green Book on Corporate Social Responsibility, and the resolutions of the European Parliament concerning working life.

2. Strategic policies and major targets in occupational health care development up to 2015

The Ministry of Social Affairs and Health has summarized social security policy in four main strategies:

- Promoting health and working capacity;
- Increasing the attractiveness of working life;
- Prevention and treatment of social exclusion;
- Functioning services and reasonable income security.

Occupational health care contributes to the implementation of these strategies.

Working life is changing rapidly, the demands of work are increasing, international competition is becoming tighter, and the economy is becoming more and more international and global. IT, new substances and materials, new procedures and new production processes are being introduced. Work organizations are changing and being reformed. Business structures are changing, and business networks are emerging. Requirements for profes-

sional skills and learning are increasing and diversifying. At the same time, the average age of the working population is rising. In a few years, Finland will be facing a labour shortage.

Because of all this, maintaining and promoting health, working capacity and remaining at work will become increasingly important for society as a whole.

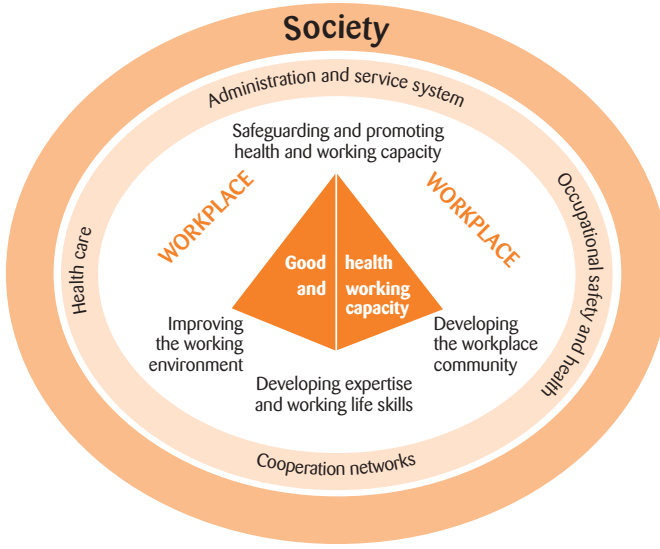


Figure 1. **The domain of comprehensive occupational health care, adopted as Finland's basic approach.**

According to the Occupational Health Care Act, 'activities to maintain working capacity' means systematic and purposeful activities concerning work, working conditions and employees organized through cooperation, which occupational health care uses to help promote and support the working capacity and functional capacity of those in working life.

During the past dozen years, a strategy on activities to maintain working capacity has been adopted, based on improving the working environment, work itself, the workplace community, and the employee's health and skills (Figure 1). The chosen strategy has proved viable, and it is being further developed to better support wellbeing at work and remaining at work for longer.

The major strategic outlines in occupational health care development up to 2015 are:

1. *Improving the quality of working life;*
2. *Maintaining and promoting health and working capacity;*
3. *Safeguarding comprehensive high-quality occupational health care services.*

These will support comprehensive workplace welfare, wellbeing at work and remaining at work, and promote the attractiveness of working life with a view to equality issues.

1. Improving the quality of working life

The employer is responsible for ensuring that work is healthy and safe. The employer must comply with the Occupational Safety and Health Act, the Occupational Health Care Act, the Hours of Work Act and other legislation regulating working life. Integrating occupational health and safety management into business management helps ensure that both employer and employee comply with the relevant provisions.

The Commission's communication on adapting to change in work and society adopts a comprehensive approach to workplace welfare. The strategy is based on risk prevention and the creation of partnerships between all interest groups in occupational health and safety. Occupational health and safety is part of the quality of work and one of the indicators incorporated in the Commission's communication on the quality of work. The EU's Green Paper on Corporate Social Responsibility highlights the employers' responsibilities in promoting the health, working capacity and workplace welfare of their employees. A healthy, safe and enjoyable workplace is also a strong competition factor in recruitment.

Occupational health care contributes to the improvement of the quality of working life and to increasing the attractiveness of working life.

The quality of working life and of working conditions is a major part of the quality of life as a whole.

Efforts are being undertaken in Finland, with a broad consensus and following the tripartite principle, to achieve a high-quality working environment and work, functioning workplace communities and the reconciliation of work and family life in such a manner as to uphold the health and working capacity of employees, in accordance with the principles of the welfare society and EU working life development strategies.

A high-quality safe working environment, a well-functioning workplace community and a healthy, capable and competent working-age population whose participation in working life and whose working capacity is maintained and improved through occupational health care are fundamental for the achievement of the social and material objectives of a competitive welfare society.

2. Maintaining and promoting health and working capacity

The duty of occupational health care is to prevent occupational illnesses and injuries and to maintain and improve the health and working capacity of employees. It must be possible to work without endangering one's health, in a safe working environment and a functioning workplace community so as to maintain working capacity throughout one's career.

Enhancement of preventive measures requires constant evaluation, monitoring and development of the healthiness and safety of the working environment and working conditions. Workplaces, workplace communities and each employee, entrepreneur and self-employed person should have the opportunity to influence and participate in decisions that affect his or her health and working capacity.

New working environment problems and other problems related to workplace health and working capacity require occupational health care to develop new procedures and methods.

Significant public health problems are being prevented, and public health promoted, in accordance with the *Health 2015* public health programme.

3. Safeguarding comprehensive high-quality occupational health care services

Occupational health care services should be available to every workplace, employee, entrepreneur and other self-employed person.

In providing occupational health care services, the major challenges are atypical working conditions, small workplaces, entrepreneurs and other self-employed persons.

What is needed is networking of health centre services, the creation of regional service structures, and cooperation between companies in producing occupational health care services. Structural changes in working life and changes in the content and procedures of work together with the demographic shift in the working population require development of the service structures, content and methods of occupational health care to correspond to new needs, including revision and amendment of legislation if necessary.

Apart from preventive occupational health care services, the voluntary medical care and other health care services provided by the employer are important for ensuring the health, working capacity and wellbeing at work of employees throughout their careers.

3. Changes in working life and their effect on occupational health

Factors influencing the development of society include the development of the national economy, employment, long-term unemployment, the introduction of new technology, ageing of the population, regional development and globalization. The following is a discussion of the above factors and other social changes in working life and occupational health.

Change in business

The number of employees in primary production and manufacturing industry has decreased and continues to decrease. However, even in the future between one quarter and one third of the working population will be working in work environments with procedures typical of primary production and the manufacturing industry, with typical related risks.

By contrast, the number of employees in services is increasing. Particular growth sectors include care work, other services and research and development. The mental and social strain on employees at work is increasing.

Small workplaces, microenterprises and one-man businesses are increasing; they are one of the few forms of employment where new jobs are actually being created. Small workplaces have considerably less potential for undertaking occupational health and safety work on their own account than larger companies. Expert support and services for small businesses and self-employed persons are an important function in improving the occupational health situation in Finland.

Technological development

IT is changing the way we work and our service structures, enabling telecommuting, networking and international service cooperation. Changes in technology and production methods also require changes and reforms in work organizations.

Highly computerized and automated production lines and a shift towards knowledge-based work add to work intensity. Despite the benefits of new technology, the pace of work has quickened, and employees are busier than before. At the same time, productivity has increased considerably.

New substances and materials

New materials and chemicals are being introduced. The risks involved in using them are identified and experience of their use accumulates slowly as they are used. Continuous risk evaluation is thus essential for health impact assessment and for providing guidance and instructions to prevent risks and to observe healthy and safe procedures.

Work organizations

Work organizations are changing in all sectors. Due to internationalization and ever tougher competition, companies are forced to seek structural and functional flexibility and added innovation. Tools for this include streamlining the organizations, adding teamwork, developing production and introducing flexible working hours that take employees' needs into account.

Flexibility also requires employees and workplace communities to be constantly attuned to change and to be able to manage change, to guide themselves, to improve their expertise and professional competence, to learn continuously, to develop, and to undertake new duties. Flexibility in the work organization, shared jobs and sub-contracted work may lead to a blurring of responsibilities, increased pressure towards achieving results and an increase in the overall hurry and work load.

Employment relationships

The diversity of employment relationships places challenges on the implementation of occupational safety and occupational health care.

Problems stemming from atypical employment relationships, such as uncertainty of job continuation, poorer access to guidance and instruction at work, poorer training potential and insufficient identification with the workplace community can gradually erode working capacity and wellbeing at work. Layoffs can also create insecurity as to whether an employment relationship will continue.

The diversity of employment relationships, together with entrepreneurship, creates a multitude of problems in collating information, distributing information, and monitoring and developing service systems. These can be alleviated through improving service systems, monitoring the health impacts of working conditions and addressing problems stemming from the diversity of employment relationships by supporting employees in their work management and risk management at work, and boosting their health and working capacity.

Hours of work

Atypical working hours have rapidly become more common, and the total average working time has increased. Maintaining the health and working capacity of employees doing shift work and night work, and of entrepre-

neurs and other self-employed persons working long days, sets special challenges for occupational health care.

Ageing employees

The age structure of the working population at the moment is advantageous, the average age being 39.5 years. However, this average will rise over the next two decades. From 2005, a labour shortage will emerge; it is expected to persist well into the next decade.

It has been set as a target that by 2010 employees should stay at work for two to three years longer than is now the case. This requires not only continuous improvement of working conditions and the working environment but also measures to improve lifestyles, the general health and the general working capacity of the population. Occupational health care and other health care should invest more in promoting the health of the working-age population. These measures are also necessary for carrying out the proposed pensions reform.

Physically hard and strenuous work

Despite positive developments, several sectors still have jobs and duties that involve severe physical strain, poor ergonomics and repeated motions. Many jobs in construction and the manufacturing industry involve heavy lifting and continuous or intermittent vibration. Physically heavy jobs often carry a higher injury rate.

Young employees

In the 1990s, young people of working age became more clearly divided into two groups. Those who have a good education and modern professional skills do well in working life, while others drop out of training and working life.

Information about working life should be given in comprehensive school. Vocational education should include teaching of safe and healthy working procedures and lifestyles and safeguard healthy and safe working conditions for young employees.

Immigrants and people employed abroad

The movement of employees across borders is caused by the globalization of the economy, unstable political conditions in their home countries, and labour shortages in their target countries. The special needs of both foreign employees immigrating to Finland and Finnish employees emigrating will be taken into account in supporting the health and working capacity of these groups.

Needs of special groups

The potential for people with disabilities to participate in work will be supported through arrangements made at workplaces. The threat of incapacity

for work and the need for rehabilitation will be investigated as necessary, and the persons concerned will be referred to any measures that may be required. Their health and working capacity should be maintained and promoted, and they should be aided in coping at work.

Unemployment-related problems

The position of the unemployed in society involves special problems that make it difficult to maintain and improve the health and working capacity of the unemployed. Health centre services should be improved so as to allow for the support of the health and working capacity of the unemployed to help them find employment.

Reconciliation of work and family life

The reconciliation of work and family life has become a major challenge in working life development. The increasing pace of working life and ever greater demands of work have led to difficulties for the parents of small children in balancing work and family. For example, a long string of fixed-term employment relationships makes reconciliation of work and family life problematic, which particularly with young people has led to postponing having a family. Irregular and atypical working hours and the working times of entrepreneurs and other self-employed persons are formidable challenges for parents in managing the welfare of their family and children for instance with regard to organizing child care.

More and more employees wish to support and care for their sick or ageing relatives, which also requires more flexibility from employers and working life.

Making greater allowance for the needs of family life at work increases the welfare and wellbeing of employees. The reconciliation of work and family life can also be promoted while developing the service system and content of occupational health care.

4. Incapacity for work and work-related health problems of the working population

Several studies have shown that the health of the working-age population in Finland is improving. There has been a slight improvement in the perceived working capacity of older workers between 1997 and 2000, in both physical and mental work. On the other hand, the same period shows a slight increase in the percentage of those who perceive their working capacity as poor or extremely poor; this may be due to employees wanting to or being forced to

stay on in working life despite diminished working capacity. Activities to maintain working capacity have rapidly become common in workplaces, and they have had a positive impact. However, there is still room for improvement in the lifestyles of the working-age population in terms of nutrition, weight control, exercise and the use of stimulants.

The number of new disability pensions beginning each year has clearly decreased since the mid-1990s. The number of new pensions has increased only in the category of mental illness, and thus their percentage of all disability pensions has increased. The number of individual early retirement pensions has decreased, possibly due to pensions policy decisions. Individual early retirement pensions will be completely phased out in the near future. The major causes of disability are musculoskeletal disorders, mental illness and vascular diseases; taken together, these categories account for over 70% of all disability pensions (Figure 2).

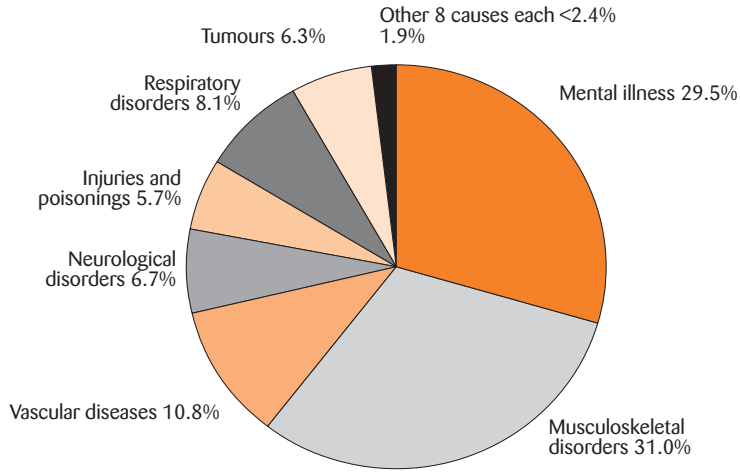


Figure 2. **New disability pensions analysed by cause (Central Pension Security Institute 2002)**

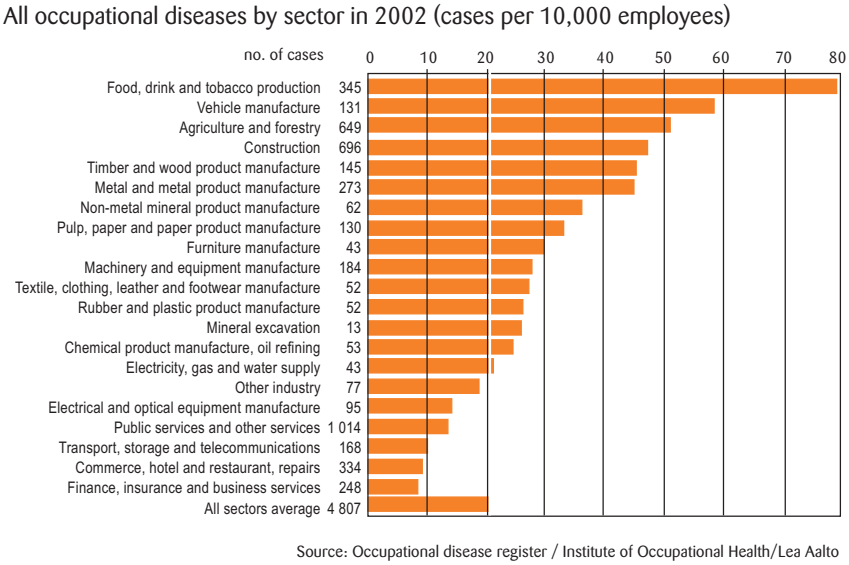
The number of days absent from work due to illness in Finland is low in international comparisons. In 2002, the average number of days absent from work due to illness was 8.4 per employee (9.4 days for women and 7.4 days for men). The highest numbers of days absent were recorded in the manufacturing industry, construction, agriculture and the health and social welfare sector. A recent study shows that illnesses and working conditions have as much an effect on days absent from work as lifestyles.

Despite the positive trend in the health of the population, one in five of the working-age population considers himself or herself completely or partly disabled (one half of those aged 55 to 64). In spring 2000, one in three employed persons said that they had had chronic or recurrent work-related symptoms in the past six months. Work-related musculoskeletal symptoms were more common in physically strenuous jobs, while mental symptoms were more common among senior officials. Long-term illness has become less common among employed persons in recent years. In 2000, 36% of employed persons had a long-term illness. Among the unemployed, on the other hand, long-term illness has become more common; 52% of persons unemployed for over six months now have a long-term illness.

Occupational diseases

In 2002, a total of 4,807 occupational diseases were identified in Finland; the risk of contracting one was 20 cases per 10,000 employees. The number of registered occupational diseases had gone down by 45% from the peak in 1990. About 2% of all occupational diseases are fatal, most of these being cancer of the lung and pleura due to asbestos exposure that may have happened 30 to 40 years ago. A considerably larger number, perhaps about 1,000 cases per year, causes permanent damage to the health, a permanent handicap or a disability, or forces the persons affected to change jobs.

The risk of occupational disease is greatest in the food industry, vehicle manufacture, agriculture and forestry, construction, the wood processing



Source: Occupational disease register / Institute of Occupational Health/Lea Aalto

Figure 3. Risk of occupational disease per 10,000 employees by sector in 2001.

industry and the metal industry; in these, the risk is two to three times greater than the average for all sectors. These sectors require intensive investment in the prevention of occupational diseases (Figure 3).

Occupational injuries

Finns suffer a total of almost a million debilitating accidents per year, of which about 150,000 are occupational injuries. In 2001, there were 101,694 occupational injuries compensated for by insurance companies among salaried employees (including cases which caused less than three days' absence); the figure for farmers was 6,948, bringing the total to 108,642. Of these, 55 were fatal occupational injuries. In the same year, there were 15,204 injuries related to travel to and from work, of which 36 were fatal. The risk of occupational injuries — 28.4 injuries per one million hours worked — is relatively low in international comparisons, and it decreased steadily throughout the 1990s (in Figure 4, the number of occupational injuries is shown in proportion to the number of employees). In recent years, however, the downward trend has slowed down, and in some sectors the risk has actually increased. The highest risks of occupational injury are to be found in construction, the food industry, agriculture and for example in metal product manufacture and timber and wood product manufacture. The greatest increase in the number of occupational injuries in the recent years has happened in wholesale and retail trade, real estate services, rental services, research services and the municipal sector.

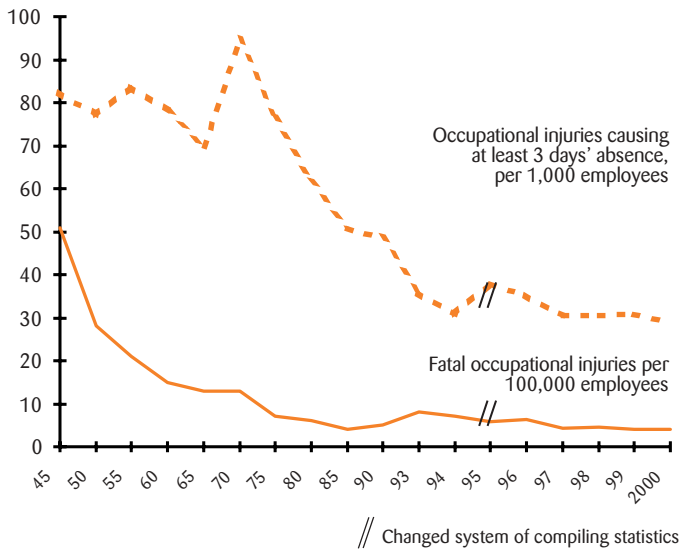


Figure 4. Occupational injuries and fatal occupational injuries from 1945 to 2000 (occupational injuries and commuting-related injuries combined).

5. Challenges in occupational health care

Safeguarding and improving the quality of occupational health and safety and of working conditions is a continuous process. Rapid changes in working life bring up new challenges all the time, and despite efficient occupational health care and occupational safety work many risks will remain in working life for some time to come.

Challenges related to working environment

About 25% to 30% of the workforce will continue to be exposed to many traditional working environment problems for a long time yet, and an increasing percentage of the workforce will face new problems at work:

- risk of accident and of major disaster;
- heavy lifting and carrying, and other physically strenuous work;
- chemical-related problems;
- ergonomic problems such as poor posture, work involving repetition and static work;
- exposure to cold and weather;
- internal air quality in the workplace;
- anticipation, identification and prevention of potential risks in new technology (IT, automation, biotechnology, new chemicals and materials, new energy sources);
- new biological hazards and their anticipation, risk assessment and prevention;
- assessment, prevention and service needs related to new risks in modern society (high-frequency non-ionizing radiation, rapid transport, alertness problems, telecommuting, etc.);
- shared workplaces;
- mobile workplaces;
- physical and mental abuse, harassment and threat of violence at work.

Challenges related to employee health and working capacity

About one third of the workforce experiences chronic or recurrent work-related symptoms. Also, one third has long-term illnesses; the incidence in-

creases with age. In recent years, new problems have been identified which require new means and methods of management:

- long-term illnesses caused by earlier exposure (e.g. miner's lung, cancer, musculoskeletal disorders);
- management of psychological stress, hurry, constant change and insecurity, and supporting, promoting and maintaining mental health;
- management of ergonomic problems in information-intensive work, office work and mental work;
- improving potential for coping at work and participation in working life by means of occupational health care;
- work load and its assessment;
- providing occupational health care for sectors and job groups that are under-served or lack occupational health care (transport, construction, agriculture and self-employed persons);
- promoting and maintaining the working capacity of the working-aged population, particularly the ageing employees, persons with disabilities and the long-term unemployed, and tailoring working conditions to their needs;
- substance abuse problems in working life;
- shortcomings in the assessment of threatened disabilities and rehabilitation needs.

Workplace community challenges

Over 80% of the workforce is satisfied with their jobs, but at the same time about half the workforce suffers from hurry, stress, lack of time and job insecurity.

- supporting the functioning of the workplace and participation in work organization development;
- protection against violent behaviour and preventing violence and security risks in service jobs;
- responding to the challenges of increasingly international working life both for people emigrating from Finland and for people immigrating to Finland;
- atypical and irregular working hours;
- unequal treatment;
- reconciliation of work and family life.

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